



SHINTA MANI
FOUNDATION

Name: _____

Nationality: _____

Email: _____

City: _____

***Please Print Legibly - we want to share with you,
your support being received.*

Details of Donations

	QTY	Cost	Total	Donation Date
Hospitality Training School				
Student Meals - 1 week		\$12		
Student Rice Contribution - 1 month		\$25		
Student Tuition - 1 year		\$950		
Community Support				
Mosquito Net		\$8		
Bicycle		\$45		
Water Well**		\$175		
Home		\$1800		
Micro-Finance Loan				
Micro-Finance Loan (1)		\$500		
Micro-Finance Loan (2)		\$1,000		
Open Donation - Micro-Loan Program				
Health Care				
Support a Dental Clinic (<i>app. 700 children</i>)		\$400		
Other				
Open Donation				
Total Donation Given				

*Shinta Mani Foundation is only able to accept: Cash, Credit Card (Visa & Master Card), and Bank Transfer (please ask for details)

Any Special Requests?:

**Water Well Banner should Read:

Signature

For Office Use Only

Well Number: # _____ Well Location: _____

Response Email: _____ (Date) _____ (By)

Completion Email: _____ (Date) _____ (By)